


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90059 041 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N93000004367 1. Entity Name NORTHSHORE OF FERNANDINA BEACH HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business PO BOX 854 FERNANDINA BEACH, FL 32035-0854 | | Mailing Address PO BOX 854 FERNANDINA BEACH, FL 32035-0854 | |
| 2. Principal Place of Business - No P.O. Box # PO BOX 854 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State FERN. BCH. FL | | City & State Suite, Apt. #, etc. | |
| Zip 32034 | | Country US | |
| 4. FEI Number 59-3229021 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOMASSETTI, A. JEFFREY 308 1/2 CENTRE STREET FERNANDINA BEACH, FL 32035 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip</div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div> | | | |
| Filing Fee is \$81.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="text-align: right;">\$5.00 May Be Added to Fees</div> | |
| <div style="text-align: right;">Make check payable to Florida Department of State</div> | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | DP FEAKES, NICHOLAS 4202 SUMMER BREEZE DR FERNANDINA BEACH, FL 32034 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DV STANLEY, REESE 4217 NORTHSHORE DRIVE FERNANDINA BEACH, FL 32034 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DT DAVIS, TERRY 1045 NORTHSHORE CT FERNANDINA BEACH, FL 32034 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | S FEAKES, CERIS 4202 SUMMER BREEZE DRIVE FERNANDINA BEACH, FL 32034 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D GAMBLE, DON 1047 NORTHSHORE CT FERNANDINA BEACH, FL 32034 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Terry Davis</u> TERRY DAVIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3-30-07 <small>Date</small> | |
| 261-8686 <small>Daytime Phone #</small> | | | |